

**Maricopa Integrated Health Systems
Formulary Prior Auth Criteria**

Drug: Zyprexa (Olanzapine)

Therapy:

Is indicated for the treatment of Schizophrenia and the short-term treatment of acute manic episodes associated with bipolar disorder

Unlabeled uses- Dementia related to Alzheimer's disease

Inclusions:

- A) Failure of at least two formulary antipsychotic including - Risperdal
- B) Request needs to come from
 - 1) **MLTC and MSSP/Geriatrics-**
 - A) **Adults-** GLTC Behavioral Provider
 - B) **Children-** Contracted Behavioral Provider
 - 2) **Health Select-** County Contracted Behavioral Provider
- C) **Zydis-** documentation of the patient inability to swallow

Warnings:

- A) **Neuroleptic Malignant Syndrome (NMS)** has been reported in association with administration of antipsychotic drugs. Clinical manifestations are hyperpyrexia, muscle rigidity, altered mental status and evidence of autonomic instability. Additional signs may include elevated creatinine phosphokinase, myoglobinuria, and acute renal failure
- B) **Tardive Dyskinesia**

Precautions:

- A) **Orthostatic Hypotension-** should be use with caution in patients with known cardiovascular disease or conditions that predispose the patient to hypotension
- B) **Seizures-** should be use with caution in patients with history of seizures
- C) **Dysphagia-** should be use with caution in patients with risk of aspiration pneumonia
- D) **CYP1A2-** agents that induce or inhibit could effect olanzapine metabolism but may not appreciably decrease olanzapine clearance
- E) **Pregnancy Category C**
- F) Caution should be use in patients with Diabetes due to potential of ketoacidosis or diabetic coma
- G) Weight gain, hyperlipidemia

Authorization:

- A) **MLTC-** three months initially then one year with current behavioral note from GLTC (adults) or contracted behavioral provider (children)
- B) **MSSP-** three months initially then to the end of the calendar year with current behavioral note from GLTC
- C) **Health Select-** three months initially then to the end of the calendar year with current behavioral note from County behavioral provider

Medical Director _____
Date _____